

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
 Phone: (800) 331-3282 Fax: (818) 662-4144

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 505028 ISUBURBAN  
 UCC Direct Services  
 P.O. Box 29071  
 Glendale, CA 91209-9071

6216794  
 ILIL

File with: Cook+, IL



Doc#: 0412022112  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 04/29/2004 11:42 AM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME  
GOFIS

FIRST NAME  
ANDREW

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS  
10029 S PARKE AVE

CITY  
OAK LAWN

STATE  
IL

POSTAL CODE  
60453

COUNTRY

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME  
GOFIS

FIRST NAME  
DEMETRI

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS  
10029 S PARKE AVE

CITY  
OAK LAWN

STATE  
IL

POSTAL CODE  
60453

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any  NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
SUBURBAN BANK & TRUST COMPANY

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS  
150 BUTTERFIELD RD

CITY  
ELMHURST

STATE  
IL

POSTAL CODE  
60126

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) PARCEL 1: LOTS 19 TO 23 BOTH INCLUSIVE, IN GEORGE NEUMER'S SUBDIVISION OF THE EAST HALF OF THE NORTH HALF OF THE SOUTH 10 ACRES OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS PARCEL 2: LOTS 1 TO 5, BOTH INCLUSIVE, IN GEORGE NEUMER'S 107TH STREET ADDITION BEING A SUBDIVISION OF THE SOUTH HALF OF THE SOUTH WEST QUARTER OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN TOGETHER WITH THE SOUTH HALF OF THE SOUTH HALF OF THE SOUTH EAST QUARTER OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS PROPERTY LOCATED AT 10630-10648 S. CICERO AVENUE, OAK LAWN, IL., 60453 PIN #S 24-16-216-019-0000, 24-16-216-020-0000, 24-16-216-021-0000, 24-16-216-022-0000, 24-16-216-023-0000, 24-16-216-032-0000, 24-16-216-032-0000, 24-16-216-033-0000, 24-16-216-034-0000, 24-16-216-035-0000 & 24-16-216-036-0000

5. ALTERNATIVE DESIGNATION (if applicable)  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)  All Debtors  Debtor 1  Debtor 2

6216794

Prepared by UCC Direct Services, P.O. Box 29071  
Glendale, CA 91209-9071 Tel (800) 331-3282

SYE  
R3  
S  
MVE  
M

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## FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
	GOFIS	ANDREW
		MIDDLE NAME, SUFFIX

### 10. MISCELLANEOUS

6216794-40-1

505028 ISUBURBAN

File with: Cook+, IL

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### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME SUBURBAN BANK AND TRUST COMPANY AS TRUSTEE U/T/D DATED JULY 15, Cont On Adden.			
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
11c. MAILING ADDRESS		CITY	STATE
10312 CICERO AVE		OAK LAWN	IL
		POSTAL CODE	COUNTRY
		60453	
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
		BANK	IL
			11g. ORGANIZATIONAL ID #, if any
			<input checked="" type="checkbox"/> NONE

### 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
12c. MAILING ADDRESS		CITY	STATE
			POSTAL CODE
			COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral or is filed as a  fixture filing.

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years  
 Filed in connection with a Public-Finance Transaction -- effective 30 years

Prepared by UCC-Direct Services, Inc., P.O. Box 1000  
Glendale, CA 91209-9071 Tel (800) 331-3282

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9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME <b>GOFIS</b>	FIRST NAME <b>ANDREW</b>
		MIDDLE NAME, SUFFIX

10. MISCELLANEOUS  
**6216794-40-1**  
**505028 ISUBURBAN**

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**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME <b>2002 AND KNOWN AS TRUST #74-3196</b>					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS <b>10312 CICERO AVE</b>		CITY <b>OAK LAWN</b>	STATE <b>IL</b>	POSTAL CODE <b>60453</b>	COUNTRY
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION <b>BANK</b>	11f. JURISDICTION OF ORGANIZATION <b>IL</b>		11g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

**12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P's NAME - insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
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18. Check only if applicable and check only one box.  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years  
 Filed in connection with a Public-Finance Transaction -- effective 30 years